

FILE NOW: FILING FEE IS \$61.25

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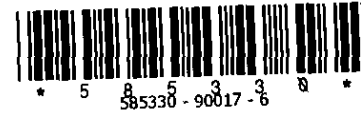
Jul 09, 1999 8:00 am  
Secretary of State

07-09-1999 90017 006 \*\*\*\*70.00

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Haffris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N21276** ✓  
Corporation Name  
**HOPE HOUSE OF THE PALM BEACHES, INC.**

Principal Place of Business Mailing Address **SAME**  
**2001 Palm Beaches Lakes Blvd.**  
**Suite 500**  
**West Palm Beach, Florida 33409**



Principal Place of Business <b>2001 Palm Beach Lks Blvd</b> Suite, Apt. #, etc. <b>500</b>	2a. Mailing Address <b>P.O. Box 4562</b> Suite, Apt. #, etc.	3. Date Incorporated or Qualified <b>6/23/1987</b>
City & State <b>West Palm Beach, FL</b>	City & State <b>West Palm Beach, FL</b>	4. FEI Number <b>59-2690393</b> Applied For Not Applicable
Zip <b>33409</b>	Country <b>25 Palm Beach</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required
	Country <b>30</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees

9. Name and Address of Current Registered Agent

**David Walker**  
**2001 Palm Beach Lakes Blvd. Suite 500**  
**West Palm Beach, Florida 33409**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE *David Walker* **David Walker, Executive Director, 6/28/99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
ED Walker David 2001 Palm Beach Lakes Blvd. 500 West Palm Beach, FL 33409	<input type="checkbox"/> DELETE	1.1 TITLE PD Zoe Stout 240 Churchill Road West Palm Beach, FL 33405	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PD Michael Connors 515 N. Flagler Dr. Ste. 1800 West Palm Beach, FL 33401	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VD Mami Hampton-Kisner 1908 Grantham Court West Palm Beach, FL 33414	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
SD Tanya Hodge 134 Chilean Ave. Palm Beach, FL 33480	<input type="checkbox"/> DELETE	3.1 TITLE VD Evelyn Blum 2305 S. Flagler Drive West Palm Beach, FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TD William Washington 1541 W. Blue Heron Blvd. Riviera Beach, FL 33404	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	4.2 NAME	
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	5.2 NAME	
	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	6.2 NAME	
	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Zoe E. Stout* **ZOE E. STOUT** **6/29/99** **(581) 697-2600**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/98)